SMALL ENTITY

RA444

20

TOTAL

RATE

_TOTAL

RATE

ADDIT, FEE

ADDE:

TIONAL!

FEE

ADDI-

TIONAL

TE THE MENDAL

PLOSSEGG 108-00-1
Approved for use through 10/31/2002, OMB 0651-0032
S. Event and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Pediaction Act of 1995, no persons are required to respond to a collection of information unless addisplays a valid OMB control number

PATENT APPLICATION FEE DETERMINATION RECORD

	ţ	AIMS	AS	:	li	:	:	è	1.8°
--	---	------	----	---	----	---	---	---	---------------

o folimin la NUMBER EXTRA PATE SUMBER FILED . - . mums 20 $numus^{-3}$

If the difference is column is \$15.8 then zero, enter 707 in column 2

MULTIPLE DEPENDENT CLAIM PRESENT

CLAIMS AS AMENDED - PART II

37 CIR d

OTHER THAN SMALL ENTITY SMALL ENTITY

> OR QR 7

OR.

OR-

OR QR QR: **OR**

ADDI-

TION AL

FEE :-

ADDI-

TIONAL.

FEF

TOTAL

RATE

ŌΚ

1111

018

OR

		a olumn 1)		(Column 2)	e zama 3)
AMENDMENT A	Total (37 CFR 1.16.c))	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT ENTRA
Œ	Independent	*	Minus	" (3	= 4
A		ENTATION OF &	ULTIPLE DEI	ENDENT CLAIM	er sada

]	11101110			. Column 2	e e gunus Be	TOTAL ADDIT, FEE
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE
	Total	ak .	Minus	* *	= .	x S_4_=
	Independent (37 CFR 1.16(b))	*	Minus	***	=	<u>×44</u>
⋖	FIRST PRE	SENTATION OF M	IULTIPLE DEI	PENDENT CLAIM	137 GIR 1.164 ii	+150

	•	(Column 1)		(Column I	a Column 34
SNTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
AMENDMENT	Total		Minus	••	
VEN	Independent (37 CFR 1.16(b))	* .	Minus		<u></u>
A		SENTATION OF M	ULTIPLE DEF	PENDENT CLAIM	evi err i li Gen

	TOTAL	i	OR	TOTAL DDIT. FEE	-1-
Al I	DDIT, FEE				g communication
	D 4 TT	ADDI- TIONAL:		FRATE I	ADDE:
	RATE	FEE			719
	a	10°	ΩR	10	(N) (N)
	x \$_1_=		OR	X\$10=	
	x <u>44</u> =	1 E	OR	100	
	+150=		OR	-300	
ŀ	TOTAL	<u> </u>	OR	TOTAL	
	ADDIT, FEE		נ	ADDIT FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 3.

The "Highest Number Previously Paid For" (Total or Independent) is the highest mamber found in the appropriate box in column 1

Fine Trignest reuniner Previously Pand For Croad or Independent) is the highest mamber found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time work any depending upon the needs of the individual case.

Any comments on the amount of time you are required to complete this form should be search they facel Information Office, U.S. Patent and Frademari Any comments on the amount of time you are required to complete this form should be search they facel SIND TO. Assistant Compressioner for Coffice, Washington, DC 20231. DO 301 SIND FERS OR COMPLETED FORMS 15 (1918) ADEPPER SIND TO. Assistant Compressioner for Facel S. Washington, DC 20231.

rog

BASIC FEE

TOTAL CLASS

67 CFR 1.16(C)

INDEPENDENT OF AIMS